Inflammatory Bowel Disease Pathway, Crohn's Disease – Management of Flare (Primary Care)

The treatment of Crohn's Disease is defined by extent, severity and behaviour.
Extent is subdivided into colonic, small bowel or both, with or without perianal or upper GI disease.
Severity of inflammation can be difficult to define in Crohn's Disease:
- clinically defined as stool frequency, abdominal pain and wellbeing but symptoms may be a poor indicator of gut inflammation
- A commonly used index is Harvey-Bradshaw index (see right)

Please Do Following Investigations:
1) Stool cultures, incl C.diff and OCP if travel history.
2) Blood tests FBC, U&E, LFT, Ca^{2+}/Alb, CRP
3) Faecal test: Calprotectin or FIT

No of liquid stools/day	General Wellbeing	Abdominal Pain	Abdominal Mass	Complications Add 1 point for each
	Very well = 0	None = 0	None = 0	Arthalgia
	Slightly below par = 1	Mild = 1	Dubious = 1	Uveitis
	Poor = 2	Moderate = 2	Dubious = 2	Erythema nodosum
	Very poor = 3	Severe = 3	Definite & tender = 3	Aphthous ulcers
	Terrible = 4			Pyoderma gangrenosum
				Anal fissure
				New fistula
				Abscess

The values from each column are totalled to give a score. This is categorised as follows:
Remission <5; Mild disease 5-7; Moderate 8-16; Severe >16. An online calculator is available at: http://www.e-guide.ecco-ibd.eu/resource/hb-index . Faecal testing is a very useful and objective marker that should be used as well as symptoms to define disease activity.
Behaviour – have strictures or fistulas formed as complications of the condition

Colonic Crohn's Disease	Mild disease	Moderate disease	Severe disease
	Consider giving no treatment If faecal testing is normal, consider concurrent IBS Repeat faecal testing at 3 months	Prednisolone 40 mg od for 1 week, then reduce by 5 mg/week to 0 Budesonide 9 mg od for 6 weeks is an alternative for Prednisolone intolerant patients with inflammation in right and transverse colon Engage local IBD Service at early stage	Admit to hospital
Ileo-Colonic Crohn's Disease	**Mild disease**	**Moderate disease**	**Severe disease**
	Consider giving no treatment If faecal testing is normal, consider concurrent IBS If previous ileal resection consider bile salt malabsorption and give Cholestryamine 4 g bd. Repeat faecal testing at 3 months	Budesonide 9 mg od for 6 weeks then 6 mg od for 1 week, then 3 mg od for 1 week, then stop. If no response, Prednisolone 40 mg od for 1 week, then reduce by 5 mg per week to 0. Polymeric diet is an alternative to steroids. Engage local IBD Service at early stage	Admit to hospital
Extensive Small Bowel Disease	**Mild disease**	**Moderate disease**	**Severe disease**
	Low residue diet. Consider giving no treatment. If faecal testing is normal, consider concurrent IBS Repeat faecal testing at 3 months Engage local IBD Service for advice at early stage	Polymeric diet: discuss with secondary care and refer to dietitian. Budesonide 9 mg od for 6 weeks, then 6 mg od for 1 week, then 3 mg od for 1 week, then stop. If no response, Prednisolone 40 mg od for 1 week, then reduce by 5 mg per week to 0. Polymeric diet is an alternative to steroids. Engage local IBD Service at early stage	Admit to hospital
Perianal Disease		**Active perianal disease with no abscess**	**Active perianal disease with abscess**
	Assess temperature, inspect perineum and do rectal examination. Is there any sepsis present? As a general rule, if the patient is unable to sit properly they should be referred	Give Metronidazole or Ciprofloxacin for 14 days in the first instance Most patients will need a MRI or an EUA – engage with local IBD Service at an early stage	Admit to hospital under surgical team for further management